V. S. No. 1

lation should be carefully supplied. AGE should be stated EXACTL AUSE OF DEATH in plain terms, so that it may be properly classified.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

Every item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEAT 1. PLACE OF DEATH

TH 10	1249
St., No. St., nstead of street and nyrs. mos	Ward
ve city or town and S	
(Day)	193 (Year)
9-m.	lecaasad from , 1937 ; daath Is said
of Importanca	Date of one ot
<i></i>	1931
Date of	
Was there an au n elso the following: te of injury	0000
wn, county and State E, or in PUBLIC PLA	CE.
on of decaased?	

County Donnersel	Registration Dist. No. 26
Village or City Deal Jelan	St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of rasidence In city or them where daath occurredyrs	mosds. How long in U. S. If of foralgn blrth?yrs,mosds
2. FULL NAME JULIA	ityoes
(a) Residence: No.	Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWE	
Herola Cotale Transcella wor	(Month) (Day) (Year)
To the first of the state of th	22. HEREBY CERTIFY That I attanded decaasad from
6. DATE OF BIRTH (month, day, and year) Mc 31-190	I last saw h alive on
7. AGE Yaars Months Days If LESS th	
37 8 1 dey,	I LIE I KINCK AP CHOSE OF DEVILL and languaged canged of thibotrates
8. Trade, profassion, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which	almount 5 1931
SAW MILL, BANK, etc. 10. Date daceased last worked at this occupation (month and 937 spent in this year) 12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
14. BIRTHPLACE (city or town)	Nama of operation
A State of Country)	Whet tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MOGGE State of Country) 15. MAIDEN NAME MOGGE STATE OF COUNTRY STATE OF CO	23. If death was due to axtarnal causes (VIOLENCE) fill In elso the following: Accident, suicida, or homicide?
17. INFORMANT (Address)	(Specify city or town, county and State) Spacify whathar Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CROMATION, OR REMOVAL Date Date 13, 19	Mannar of injury Natura of injury
19. UNDERTAKER SHUTHER	24. Was diseese or injury in eny wey related to occupation of decaased?
20. FILED Dre 12, 19 37 Rura Welster Registr	(Signad) M. Havis M. (Address) Dead J. J. M.
If more blanks are needed, address State Reg	gistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	D. (Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:	= 1111111111111111111111111111111111111	
Gallstones	May 1,1923	Gastroenteritis	1 year	

"UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- upplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPA.	infor	state	UPA	X
UNFADING INK—THIS IS A PERMANENT RECORD. Every iten upplied. AGE should be stated EXACTLY. PHYSICIANS sh terms, so that it may be properly classified. Exact statement of e instructions on back of certificate.	Jo u	plno	1000	
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	UNFAD	upplied.	terms, s	e instruc

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1	1 3	61	9)	£	1
-	, ,		-			

1. PLACE OF DEATH			OF (3)	
County Somerset	OTT 3	DE COM ON	Registration Dist. No. 2	70
Village or Chigue Crisfie	1.d		Ne McCready Nemorial Hognida	7
Village or City		(If	No. McCready Memorial Hospital death occurred in a hospital or institution, give its NAME instead of street and	Mard.
Length of residence In city or town where d	eath occurred	yrsmos	5_ds. How long in U.S. If of foreign birth?yrsn	nosds.
	~	Andrews	If U. S. Veteran, specify WAR	
(a) Residence: No. Mario			St., Ward.	
	(Usual place		If nonresident give city or town and	d State
PERSONAL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE W	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Die 3	193 7
5a. If married, widowed, or divorced	Marri	edbe	(Month) (Day)	(Year)
HUSBAND of Mrs Mary	Wilson	Andrews	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)	July 25	1875	I lest saw h alive on 3 1997	
7. AGE Years Months	Davs	If LESS than	to have occurred on the date steted above, at 365 Pm.	, death 13 3aid
62 84	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profession, or particular		ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Minist	er		De.
9. Industry or business In which			acut maralle	1-19
work was done, as SILK MILL, SAW MILL, BANK, etc.			mma	
10. Date deceased last worked at		ime (years) nt in this		
this occupation (month and year)		upation?		
12. BIRTHPLACE (city or town)	Hill		Other Coutributory Causes of importance:	
(State or country) NOT	th Caro	lina	Cloning managely	MAR
	Andrew		Para Copelar 7 h gree	
13. NAME W C 14. BIRTHPLACE (city or town) Unk	mown			
14. BIRTHPLACE (city or town)	th Caro	lina	Name of operation	
	ah Foud		What test confirmed diagnosis? Was there an	
Unk	nown		23. If death was due to external causes (VIDLENCE) fill In also the following	
2 16. BIRTHPLACE (city or town)	n.		Accident, suicide, or homicide? Date of Injury	, 19
			Where did injury occur? (Specify city or town, county and Sta	ate)
17. INFORMANT (Address)	lins An	drew	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC P	ACE.
18. BURIAL, CREMATION, OR REMOVAL			Manner of Injury	
Place Rehaboth sem.	DateDe	3-5-1-, 19-37	Nature of injury	
The Mil	red	show	24. Was disease or injury In any way related to occupation of deceased?	
19. UNDERTAKER (Address)	1	20	If so, specify	
Cintil who	0:10	10	(Signed) Surgel Coucher	м о
20. FILEO	recea 10	Registrar.	(Address) Ingress Stoma	

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

PHYSICIANS

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforshould state of OCCUPA-Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. mation should be carefully supplied.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

(If death occurred in a hospital or institution, give in NARE instead of street and number) Length of residence in city or town where death occurred Yr. mos. 4. How long in U. S. If of togeth pitch? Yr. mos. 4. Ward. If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abods) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE OR-BUDGED ("Ring the word) OR-BUDGED ("Ring the word) OR-BUDGED ("Ring the word) II HEREBY CERTIFY. That I attended decapsed Ire ("Nomith") In HEREBY CERTIFY. That I attended decapsed Ire ("Nomith") AGE Yelfs MORTHS Days 1 If LESS than of work done, as SPINNER, Months ASWAME, BOOKECETER, etc. 4. And the work done, as SPINNER, Aswame, BOOKECETER, etc. 4. And the work of the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 4. And the second of the date stated above, etc. 5. BIRTHPLACE (city or town) (State or country) 4. BIRTHP	1. PLACE OF DEATH	7	
Length of residence in city or town where death occurred	County Somers		Registration Dist. No. 268
Length of residence in city or town where death occurred. 2. FULL NAME. BRANKE BRANKE BRANKE BRANKED IT U. S. Veteran, specify WAR. (a) Residence: No. (busing place of abode) PERSONAL AND STATISTICAL PARTICULARS SX 4. COLOR OR RACE S. DENDORED Constitution S. DENDORED Constitution S. DENDORED Constitution 1. If meritad, widowed, or divorced WILLISAND OF BIRTH (month, day, and year) DATE OF BIRTH (month, day, and year) DATE OF BIRTH (month, day, and year) BRANKER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or bown and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or town and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or town and State PROPERTY (month) S. Trede, profession, or particular Right of work done, as SPINNER, SAWNER, BOOKREER, etc. 4. Cholasty or town and State Profession, or particular S. Trede, profession, or particular Right of work done, as SPINNER, S. Trede, profession, or particular Right of work done, as SPINNER, S. Trede, profession, or particular Right of work done, as SP	Village or City June	en anne	
(a) Residence: No. (Usual place of abodo) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE DR-DIVORCED ("STEE the word) No. B. D.	Langth of socidence in city or town where de-		
(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX (A COLOR OR RACE (Nonth) (Nonth) (Oby) (See) 1. Imerical, widowed, or diverced (WISSAND of Color of Moreced (WISSAND of Moreced (Wonth) (Oby) ((i	otti occurredyrs,mos	
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OR RACE S. SLIMMER, MARRIED, WINDOWNED, OR-PRIDMED (World; the word) World (Worth) 1. If married, widowed, or divorced HUSSAND OF HUSSAND	2. FULL NAME WWW.	Blaceshomp	If U. S. Veteran, specify WAR
SEX FORMULE If married, widowed, or divorced littles with the words of bloom	(a) Residence: No.	(Usual place of abode)	
I'm parried, videwed, or divorced HUSBAND or Great Control of Cont		AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
If married, widowed, or divorced HUSBAND of Great Deauchant Wisband or Great Deauchant	0	OR DIVORCED (write the word)	21. DATE OF DEATH Dea, 189 1937
DATE OF BIRTH (month, day, and year) AGE Yefts Months Days If LESS than I day,	a. If married, widowed, or divorced	. 4	(month) (bay) (reer)
AGE Yefts Months Days If LESS than 1 day	(or) WIFE of L. Creston	Beauchomp	1 HEREBY CERTIFY. That I attanded deceased from
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEFFR, etc. 9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 11. Total time (years) spent in this occupation 12. MAIDEN NAME 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 10. MAIDEN NAME 11. Total time (years) spent in this occupation 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. MAIDEN NAME 10. MAIDEN NAME 10. MAIDEN NAME 11. Total time (years) spent in this occupation (particular) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. Maiden diagnosis? 18. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 19. MAIDEN NAME 20. Mainer of injury Nature of injur	5. DATE OF BIRTH (month, day, and year)	KX 18 1889	/ last saw h. C. / alive on
8. Trede, profession, or particular kind of work done, as SPINNER, SAWTER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, Date deceased last worked at this occupation (month and year) 10. Date deceased last worked at this occupation (month and year) 13. NAME A Pronk I Abriell 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. NAME A Pronk I Abriell 18. BIRTHPLACE (city or town). (State or country) 19. Manuel of operation. (Lealing Date of injury.) 19. MAIDEN NAME 10. Date deceased last worked at this occupation of deceased last worked at th			
8. Trede, profession, or particular Rind of work done as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which was done as SILK MILL, SAW was done as SILK MILL, SAW will, JANK, etc. 10. Date docessed last worked at this occupation (month and year). Other Cestributer Causes of Importance: BIRTHPLACE (city or town). (State or country) 13. NAME A. Thronk Darkeell 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town). (State or country) 19. What test confirmed diagnosis? 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. 19. Where did injury occurred in INDUSTRY in 10ME, grin PUBLIC PLACE. Manner of injury Nature of injury in any way related to occupation of decessed? 16. Signed) 17. The country in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed? 18. Was disease or injury in any way related to occupation of decessed?	48 2	10.5	word as follows:
SAWTEL, SAW MILL, BARK, etc. 10. Date decased last worked at this occupation (month and year) State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 18. BIRTHPLACE (city or town) (State or country) 19. Where did injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. Manner of injury Mere did injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. Manner of injury Mere did injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. Manner of injury Mere did injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. Manner of injury Nature of injury Nature of injury Nature of injury 15. Malore of injury Nature of injury Na	8. Trede, profession, or particular	/ '0	Processes Co. A Re 10 - 18
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. Was there an autopsy? 21. Informant 22. Informant 23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 24. Was disease or injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. (Address) 15. Was disease or injury in any way related to occupation of deceased? 16. BIRTHPLACE (city or town) (State or country) Where did injury occurr? Specify whether injury occurred in INDUSTRY by HOME, or in PUBLIC PLACE. Manner of injury Nature o	SAWYER, BOOKKEEPER, etc	ourewife	d felt Breest but
10. Date deceased last worked at this occupation (month and year) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. Maiden Name 18. MAIDEN NAME 19. Maiden Name	9 Industry or business in which work was done, as SILK MILL.		
this occupation (month and year) BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. Was there an autopsy? 20. If death was due to externel causes (VIOLENCE) fill In also the following: 19. Accident, suicide, or homicide? 19. Date of injury 19. Where did injury occurred in INDUSTRY in HOME, prin PUBLIC PLACE. 19. Was there an autopsy? 20. INFORMANT (Address) 10. Manner of injury Nature of injury (Signed) 16. so, specify (Signed) Manner of Ma	10. Date deceased last worked at	11. Total time (years)	-
Other Contributory Causes of Importance: State or country	tina occupation (month and	spent in this	
13. NAME A PRIVATE Alarhell Name of operation. Radical Base Date of What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME World Was there an autopsy? 16. BIRTHPLACE (city or town) Cate or country) 17. INFORMANT A CONTROL OF COUNTRY Where did injury occur? 18. BURIAL, CREMATION, OR REMOVAL Place. Private Action of injury Nature of injury 19. UNDERTAKER (Address) 19. THED ALA 19. 19. The Action of Accessed (Signed) Accident, suicide, or homicide? 19. Was there an autopsy? 20. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury occur? 15. Specify city or town, country and State) Specify whether injury occurred in INDESTRY in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 21. Was disease or injury in any way related to occupation of deceased? 15. So, specify (Signed) M.			
13. NAME S., Privork Markell 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. MAIDEN NAME 19. Markell 19. Mark		IXI mil	
14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. MAIDEN NAME 18. BIRTHPLACE (city or town) (State or country) 19. Where did injury occur? 19. Specify whether injury occurred in INDUSTRY in FIDME, or in PUBLIC PLACE. 19. Address) 19. Was disease or injury in any way related to occupetion of deceased? 19. Was disease or injury in any way related to occupetion of deceased? 19. Specify 19. Spec		10 00	Dersal & Celvering
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) North Boundary Need did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Provided Namer of injury Nature of injury Nature of injury 15. MAIDEN NAME Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 16. Specify Nature of injury Nature of injury Specify Nature of injury in any way related to occupetion of deceased? If so, specify (Signed) Signed) Manner of Manner of Manner of Manner of Manner of Injury in any way related to occupetion of deceased? Specify (Signed) Manner of Injury in any way related to occupetion of deceased? Manner of Injury in any way related to occupetion of deceased? Specify (Signed) Manner of Injury in any way related to occupetion of deceased? Manner of Injury in any way related to occupetion of deceased? Specify Specify Manner of Injury Nature of Injury Specify Specif	13. NAME A, Frank 14. BIRTHPLACE (city or town)	varrier	restella
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Signed)	14. BIRTHPLACE (city or town)	0	
16. BIRTHPLACE (city or town) (State or country) INFORMANT (Address) BURIAL, CREMATIDN, OR REMOVAL Place Previews UNDERTAKER (Address) FILED 1719 1937 Accident, suicide, or homicide? Date of injury Where did injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 15. Hodata was due to exterior cases (VIOLENCE) in in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 15 so, specify (Signed) (Signed) M. Gigned) M. Gigned) M. Gigned M. Gigne	(State of country) Thory	cona	What test confirmed diagnosis? Was there an autopsy?
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INFORMANT Specify whether injury occurred in INDUSTRY IN HOME, of in PUBLIC PLACE. (Address) BURIAL, CREMATION, OR REMOVAL Place Princes and Manner of injury Nature of injury 24. Was disease or injury in any way related to occupetion of deceased? (Address) FILED 1719 1937 Specify whether injury occurred in INDUSTRY, IN HOME, of in PUBLIC PLACE. Manner of injury Nature of injury (Signed) (Signed) (Signed) M. Signed) M. Signed M	(State or country)	10	Where did injury occur?
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Place Previous amelbate Asia 20, 19-37. Nature of injury Nature of injury in any way related to occupation of deceased? (Address) Prince of Amelbate Asia 20, 19-37. If so, specify (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased? (Signed) Asia Company in any way related to occupation of deceased?		in anne 1	
UNDERTAKER (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed)	B. BURIAL, CREMATION, OR REMOVAL		Manner of injury
(Address) Princery and If so, specify (Signed) Less Bullevey M.	Place Princess um	Date 1914 24, 19-37	Nature of injury
FILED 1719 1937 Though (Signed) Les Bulesley M.	9. UNDERTAKER MMM	Th	
FILED 10/14 1901 New March	(Audiess)	16 ans	
	20. FILED 16/19 , 193 / 1	Herrell Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	N.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			I

V. S. No. 1

1. PLACE OF DEATH County Someset	Registration Dist. No. 268
Village or City College Office Colle	No. St., W (If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmos.
2. FULL NAME Baby Benton (a) Residence: No. (Usual place of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (swrite the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased 22. July 20 1937, to 20 20 19
6. DATE OF BIRTH (month, day, and year) 1920, 30, 1937	I last saw h alive on, 19; daath is
7. AGE Yaars Hoppins Days If LESS then 1 deyhrs	to have occurred on the data stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
S Industry of Dusiness in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decaasad last worked at this occupation (month and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) Alala Olsland. (State or country)	
13. NAME Cichie Genton	
14. BIRTHPLACE (city or town). Deals deland.	Neme of operation
(Stata or country) Maryland.	What tast confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Madeline Lucya 16. BIRTHPLACE (city or town). Deale Osland	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) a lease of slavely	Accident, suicide, or homicide?
17. INFORMANT archie pokenton	Whare did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Delalle And Dete Report	Menner of Injury
19. UNDERTAKER Thasles Dashell (Address) Frances Ceme, me	24. Was disease or injury In any way related to occupation of decaasad?
20, FILED Dec 30 1937 Rosa Welster	(Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ELVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	
	;			

V. S. No. 1

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very	ANS	nent	1
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=	HX	t st	
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LN	LY		
NE	CI	sified	
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PE	A	rly	ate.
SA	Lated	rope	rtific
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11 5	GE	hat	US O
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M	refu	in	tant.
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	ld b	DE/	y in
-WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RICARD. Every item of infor-	Agrion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
RITE	ion s	SE	N is
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STATE	OF	MARYI	AND-	CERTIE	ICATE	OF	DEATH
SIAIL		MINULIF	AINU-	CEKIII	ICAIL	OF	DEALD

1	3	2	Ü)
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1. PLACE O	F DEATH	FITHIN PO-		1081	
County	Somerset	FITHIN CORPO	RATE LINE	Registration Dist. No. 2 65	
Village or (City	.020	(ii	No. S Fourth St St, Ward death occurred in a hospital or institution, give its NAME instead of street and number) 3. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	
2. FULL NA			Collins		
	nce: No. S Fou			St., Ward. If nonresident give city or town and State	
	NAL AND STATIST	And the second s		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MAR	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5e. If married, widow HUSBAND of (or) WIFE of	ved, or divorced			22. I HEREBY CERTIFY, That I attended decessed from 19.37, to 19.2. 7, 19.37	
6. DATE OF BIRTH	(month, day, and year)	June 28	1937	liast saw h. alive on lee 7, 19 3 2; death is said	
7. AGE Yas	Months 4	0ays 9	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at \$3.05. As.m. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profa	ssion, or particular work done, es SPINNER, , BOOKKEEPER, atc	None		Precession Lige 6) Valuesque St. S.	
No. Data december of this person	businass in which s done, as SILK MILL, LL, BANK, atc			type 6 promocockus	
	ad last worked at pation (month and	sper	ma (yaars) nt In this petion		
12. BIRTHPLACE (ci	tv or town)	field aryland		Other Contributory Causes of importance:	
13. NAME	Charles	W Collin	ıs		
	country)	stern SI Virginia	3	Name of operation Oate of Was there an autopsy? 20	
15. MAIOEN NA 16. BIRTHPLACE (State of	Cr	a Collings is field the same of the same o	15	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
17. INFORMANT (Address)	01ga 0	ollins sfield	d	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMAT	20) 10	Date I	ec 9,19 37	Manner of Injury	
19. UNOERTAKER (Addrase)	10mll	sand.	four	24. Was disease or injury In any way related to occupation of deceased? 200	
20. FILEO 8 2	e8,1937 16	Ele	ælling Registrar.	(Signad) Sahal de Perfor M. O. (Address) Crio Juld dul	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

Example I

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done. 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II

The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN

THE PROPERTY OF PROPERTY OF PROPERTY OF THE PR	THIS IS A PERMANEN	d be stated EXACTI	y be properly classified.	k of certificate.
THOUSE INTERIOR	H UNFADING INK-	supplied. AGE should	nin terms, so that it ma	See instructions on bacl
	-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANEN'	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important. See instructions on back of certificate.

AD. Every item of infor-Y. PHYSICIANS should state Exact statement of OCCUPA.

			OF MAR	YLAND-	CERTIFICATE OF DEATH	3254
,	L PLACE OF	Somerset			45)	1
	County	Quindoc	i o		Registration Dist. No. 26	
	Village or Ci	ity gainage		OF (IF	No.	
	Length of resid	dence in city or town where	death occurred	22_yrsmos	sds. How long in U. S. if of foreign birth?yrsmos.	ds.
	2. FULL NAM	ME Misson	uria Co	llins	If U. S. Veteran, specify WAR	
1	(a) Residence	e No Quin	locia		St Ward.	
-	(a) Nesident		(Usual place	of abode)	If nonresident give city or town and St	ate
	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX F	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D. (write the word)	21. DATE OF DEATH (Month) (Oay)	.93 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of William Collins			illiam C	ollins	1 HEREBY CERTIFY, That I attended de	ceased from
	DATE OF BIRTH (month, day, and year)	? 9 70	385	Hast saw har alive on the are 1937:	death is said
-	AGE Year		Oays	If LESS than	to have occurred on the date stated above, et 22 A .m.	
	54	?	3	1 dey,hrs.	The Article of Choose of Direction of Course of Chipertaine	
OCCUPATION	9 Industry or 1 work was SAW MIL 10. Date decease	sion, or particular rork done, as SPINNER, BOOKKEEPER, etc business in which done, es SILK MILL, L, BANK, etc	11. Total 1	ewife	Coones.	Oate of onset
-	this occup year) BIRTHPLACE (cit	y or town) Sani	ord occ	entinithls of upation	Other Contributory Causes of Importance:	
-	(State or coun		rginia Broadwa	ton		
HER	13. NAME	Amos	DIOSGMS	061		
FATHER	14. BIRTHPLACE (Stete or	(city or town) V1	rginia		Neme of operation Dete of What test confirmed diagnosis? Wes there an aut	
JER.	15. MAIDEN NAI	ME Un.	known		23. If deeth was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (Stete or	(city or town)country)	-44		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	
17	. INFORMANT (Address)		am Colli	ns Id	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	BURIAL, CREMAT	ION, OR REMOVAL	Oate Dec	24 , 19 37	Manner of injury	
19	. UNDERTAKER (Address)	John A Bra Crisfield	dshaw Md	2)	24. Was disease or injury in any way related to occupation of deceased?	
20	, FILEO 1 1/	14,1037 Qu	irelia !	d, Tacosor Registrar.	(Address) Marion Mag	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 3 1939	1			
Other contributory causes of importance:	7;	Other contributory causes of importance:		
Gallstones	May 1,1923	Gustroenteritis	1 year	

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D. Every	SICIANS	tatement		1
T REC.	Y. PHY	Exact s		3.
MANENT	ACTL	assified.		54
WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	of the should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	MACSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	IION is very important. See instructions on back of certificate.	3. 3. 66 7. NOITER HERE 11 11 11 11 11 11 11 11 11 11 11 11 11
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			108	
County Someral	AW	THIN COT	REGISTRATIE LIMITS OF Registration Dist. No. 2 65	
Village or City Crusice	Of M	(II	No. 49 St., W. death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
Length of residence in city of town where o	leath occurrad		ds. How long in U.S. If of foreign birth?yrsmos	_ds.
2. FULL NAME Lewis	Casta	ù-	If U. S. Veteran, specify WAR	
(a) Residence: No. 14901	(Usual place of	• · · · · · · · · · · · · · · · · · · ·	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	_
S. SEX 4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	_
male negro		Sover	193 / (Month) (Day) (Year	()
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha	Casto	2	22. I HEREBY CERTIFY That I attended deceased 1937 to Dec 75 193	from
5. DATE OF BIRTH (month, day, and year)	2-18	74	I last saw h alive on	sald
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1-2- Pm.	
63	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	puse los	2 k	Date oto	3/37
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc				/
10. Date decaased last worked at this occupetion (month and year)		me (years) t i n this pation		
12. BIRTHPLACE (city or town) - Pasta (State or country)	mith	va	Other Contributory Causes of Importanca:	
13. NAME	man			
14. BIRTHPLACE (city or town)(State or country)			Name of operation	
15. MAIDEN NAME	22 00 00		What tast confirmed diegnosis? Was there an autopsy?	40.
16. BIRTHPLACE (city or town)	·······································		23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	
17. INFORMANT Beatha. (Address)	Cron	inell	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Date Dec	27,19.97	Manner of Injury	
19. UNDERTAKER Chas. 7. (Addrass)	4 10	and	24. Was disease or Injury In any way related to occupation of deceased? No	
20. FILED DT C27, 1937	8 8 6	elling Registrar.	(Signad) (Signad) (Address) Custod May	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

A Transfer	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroentcritis	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FUI	RTHER STATEMENTS	BY	PHYSICIAN
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o part		-
-WRITE PLARTLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every i	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CATISE OF DEATH in plain terms, so that it may be properly classified. Exact statement
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See instructions on back of certificate.

CAUSE OF DEATH in plain TION is very important.

-WRITE PLA

V. S. No. 1

every item of inforshould state ment of ACCUPA. STATE OF MARYLAND—CERTIFICATE OF DEATH

13256

1. PLACE OF DEATH	93-70
County Somerset	Registration Dist. No. 760
Village or City Friendship	NoSt.,Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Martha & Daugherty	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE female 4. COLOR OR RACE OR DIVORCED (portice tha word) The second of the sec	21. DATE OF DEATH DEL 29 (Month) (Pay) (1937)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Daraherty	22. I HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, end yaer) 7. AGE Yaers Months Pays If LESS than f day, hrs. or min. 8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month and 2 weeks spent in this occupation) 11. Total time (years) spent in this occupation laborated at this occupation occupation laborated at the second secon	I last saw h
12. BIRTHPLACE (city or town) Nagerth (State or country) programmed (13. NAME Howard Husly)	Other Contributory Causes of Importanca:
13. NAME Forward Gusly 14. BIRTHPLACE (city or town) Why work (State or country)	Name of operation Data of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Addrass) 18. BURIAL, CREMATION, OR REMOVAL Place May May Date Dec 3/ 1927	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
19. UNDERTAKER Dale Dashiell (Addrass) Privaces agree ma! 20. FILED 12 f 31 , 193) Thereby Maistrat.	24. Was disaase or Injury In any way related to occupation of daceasad?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		\$	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE PL. ALY, WITH UNFADING INK-THIS IS A PERMANENT RE, AD. Every item of infor-	gation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CO	TON is very important. See instructions on back of certificate.
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STATE OF	MARYLAND-	CERTIFICATE OF DEATH 13257
1. PLACE OF DEATH	7777777	(3)
County	ITHIN CORFORATE	LIMITS OF Registration Dist. No. 265
Village or City Crisfield		No. Maple Ave st., Ward
Length of residence in city or town where dae	th occurred 80rs 1 mos lward Dize	death occurred in a hospital or institution, give its NAME instead of street and number) 20_ds. How long in U.S. if of foreign birth?
2. FULL NAME (a) Residence: No. Maple	1770	If U. S. Veteran, specify WAR
(a) Residence: No. Maple 1	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OLE, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of A	intha Dize	22. U I HEREBY CERTIFY That I attended deceased from 10.37
6. DATE OF BIRTH (month, day, end yeer)	Sept 16 1857	I last saw h 144 alive on Ale 5 1937 death is said
7. AGE Years Months	Deys If LESS then	to have occurred on the date stated ebove, et
80 1	20 1 dey,hrs. ormin,	The PRINCIPAL CAUSE OF DEATH and raletad causas of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Retired Watern	maldiesellas
this occupation (month and year)	11. Total time (years) spant in this occupation	Other Contributory Causes of importence;
12. BIRTHPLACE (city or town) Crist (State or country)	Tield cyland	Urine Cour
II 13. NAME Anani:		
HE 13. NAME Anani: 14. BIRTHPLACE (city or town) Crist (Stete or country) Mary		Nama of operetion Dete of What test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME Unl	mown	23. If death wes dua to externel causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicida?
17. INFORMANT Mrs Arinth (Address) Cristie		(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury
Plece La 127101175	Date Dec 8 ,19 37	Natura of injury
19. UNDERTAKER Crustie	ed ord	24. Was disaase or injury in eny way ralated to occupetion of deceesed?
20. FILED & 20. 7, 19370 La	Eleall Registrar.	(Signed) Claga / Shewalta M.D. (Address) Dread 2 200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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See instructions on back

CAUSE OF DEATH in plain terms, so that it may

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mation should be carefully supplied.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

13255

1. PLACE OF PEATH	210-70
County Cornerset	Registration Dist. No. 267
Village or City Revens and	ND. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
~ AT 50	ds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME Connect is	If U. S. Veteran, specify WAR
(a) Residence: Np. U Bus Quarter (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 1. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH ORE 23, 193, 7
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of Museum Else	(Month) (Day) (Year) 22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 27, 1877 7. AGE Years Months Days If LESS than 1 day,hrs.	! lest saw h alive on ; death is said to heve occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, as SPINNER, Waler SAWYER, BODKKEPFR, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	were Dfollows: Per neck Date of onset
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIQL ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Where did injury occur?
17. INFORMANT Horwood Elzey Mad	(Specify city or town/county and State) Specify whether ajury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Dames Quarter Date Occ 25, 1937	Manner of injury Buts a little with the second seco
19. UNDERTAKER Fired J. Webester 14.	24. Was disease or injury in any way releted to occupetion of deceased?
20. FILED DIC 25, 19.37 Mrs. W. S. Kelly	(Signed) Caldress Control of Cont

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
73.5	18		
My WH V.	18		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING

PHYSICIANS should state D. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. EXUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -NRITE PDARCY, WITH UNFADING INK-THIS maton should be carefully supplied. AGE should be V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(19)
County Smessest	Registration Dist. No. 761
Village or City neuron on a	No. St., Ward
Langth of rasidanca in city or town where death occurred 5.7-yrs 8 mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Harrill Trons.	If U. S. Veteran, specify WAR
(a) Residence: No. Marion Marion (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Se. If marriad, widowed, or divorced	(Workin) (Day) (Tear)
HUSBAND of (or) WIFE of Herry Energy	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yearling) / P 80.	I last saw hat alive on Bea 21 19.87; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11, 4 2/m.
37 8 20. 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
2 Trade profession or particular	Central Harmshops. De 18
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) D. A.	Other, Castributory Causes of Importance
(State or country)	Oline mycesols a 149
13. NAME House Bell	Close and reflued 12
13. NAME HOLLING SELLENGE SELL	Name of operation
(State of Country)	Whet test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Name of lungers	23. If daath wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Name Name Stungers 16. BIRTHPLACE (city or town) - M.P.	Accident, suicide, or homicide?
(State or country)	Whare did Injury occur? (Specify city or town, county and State)
17. INFORMANT Reem lines.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Much linderage 174,1937	Nature of Injury
19 UNDERTAKER Des To Silahinan,	24. Was diseese or injury in any way related to occupation of daceasad?
(Address) Marigue Mo	If so, specify
20 FILED 1 Nry 1937 Aurelia Barvere	(Signed) Leage 5,6 allies. M.D.
Registrar.	(Addrass) Marism ong

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SAN 3 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TRITE PL

V. S. No. 1 N. B.

RD. Every item of infor-

nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	-CFRTI	FICA"	TF C	F	DEAT	H
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A	,	-	,			

1. PLACE OF	PLACE OF DEATH			93-2	11
County	Somerset			Registration Dist. No.	7
Village or Ci	ty Fairmou	1t		NoSt.,	Ward
Langth of resid	lence in city or town whare	death occurrad	3 yrs 11 mos	f death occurred in a hospital or institution, give its NAME instead of street and its	number) osds
2. FULL NAI	ME Carrie	W Ford		If U. S. Veteran, specify WAR	
(a) Residence	ce: No. Fail	rmount (Usual place o	of abode)	St., Ward. If nonresident give city or town and	State
PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
s. sex	4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED, (write the word)	21. DATE OF DEATH TO CONTROL TO CONTROL (Day)	, 193. 7
HUSBANO of (or) WIFE of		iam M Fo	rd	22. I HEREBY CERTIFY, That i ettended	
. DATE OF BIRTH (month, day, and yaar)	Jan 11 1	874	1 iast saw h	
7. AGE Yaai	S Months	0ays 18	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et	Oate of onset
kind of w SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	House	wife	Chronis Dryocondili	2)
SAW MIL	done, as SILK MILL, L, BANK, etc				NOUT
10. Data decease this occup	d last worked at pation (month and	11. Total til spen 3-7- occu	me (years) tin this pation		-
2. BIRTHPLACE (cit (State or coun	y UI LUWII)	irmount ryland		Other Cautributory Causes of importance:	-
13. NAME	Ja	mes Hewi	Ltt	7	
13. NAME 14. BIRTHPLACE (State or	(City of town)	irmount ryland		Neme of oparation Date of What tast confirmed diagnosis? Was there an a	
15. MAIOEN NAI	we Sa	lly Were	dith	23. If daath was due to external causes (VIOLENCE) fill in also tha following	
15. MAIOEN NAI 16. BIRTHPLACE (State or	(city or town)	ryland		Accidant, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT (Address)		Vn M For		(Specify city or town, county and Stat Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMAT	ION, OR REMOVAL	Date Jan		Manner of injury	
19. UNOERTAKER(Address) 20. FILEO	John A Bra Crisfield 3/1937	dshaw LEA	iellinson	24. Wes diseasa or injury 2 any way ralated to occupation of daceased? if so, specify	

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Language Control of the Control of t			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

2	Village or City Length of residence in c . FULL NAME (a) Residence: No.	Ben jan	in F Howa	yrsmos ard e	Registration Dist. No. 2-65 Registration Dist. No. 2-65 No. St., W. If death occurred in a hospital or institution, give its NAME instead of street and number) os. ds. How long in U.S. If of foraign birth? yrs. mos. If U. S. Veteran, specify WAR St., Ward.
\			(Usual place o	abode)	If nontesident give eity or town and State
3. 5	PERSONAL AN SEX 4. COLO	OR OR RACE	5. SINGLE, MARR	IED, WIDOWED, (write the word)	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Year)
	If married, widowed, or div HUSBAND of (or) WIFE of	J	Tulia How		22. I HEREBY CERTIFY That I ettended deceased for the control of t
	AGE Years	Months	July 18 Days 19	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, et
HER GOCCUPATION	kind of work dona' SAWYER, BOOKE, 9. Industry or business i work was done, as SAW MILL, BANK, 10. Data deceasad last wo this occupation (my year)	EPER, etc	II. Total tin		Was deed after physician som hims Questa. Heart dianae & three months. Other Contributory Causes of importance:
12. H	State or country) 13. NAME	James	ryland Howard		Primary Cause : Coronary thronbais
R FATE	14. BIRTHPLACE (city or t (State or country)	Mar	umsco yland zabeth Tu	11.1	Name of operation
17.	15. MAIDEN NAME 16. BIRTHPLACE (city or t (State or country) INFORMANT (Address)	own) Ma Ma Aldo	rumsco ryland n Howard		23. If deeth was due to external ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
- 0	BURIAL, CREMATION, OR		14	a	Manner of Injury

MARGIN RESERVED FOR BINDING

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 220-
Village or City Cus feeld	No. Ward Ward
2. FULL NAME Ernest Teven of (Usual place of abode)	St., Ward. Anonyesident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Detalley Wakers Johnson	22. I HEREBY CERTIFY, That I ettended deceased from 19.3.7, to Lock. 7, 19.3.7
6. DATE OF BIRTH (month, day, and year) Oct. 8, 4906 7. AGE Yaars Months Days If LESS than 1 day,hrs. orhrs.	I last saw h elive on
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this occupation (month and second last worked at this occupation).	Earloy ad Rever - Syphelike ?
10. Date daceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) 12. BIRTHPLACE (city or town) 13. Total time (years) spent in this occupation 14. Total time (years) spent in this occupation 15. Total time (years) spent in this occupation	Othar Contributory Canses of importance:
13. NAME Robert Selection 14. BIRTHPLACE (city or town) La fact or (State or country)	Name of operation Data of What test confirmed diagnosis?
15. MAIDEN NAME Property with the second of	23. If death was due to externel causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 52, 8, 1957	Menner of Injury
19. UNDERTAKER Chas Mark	24. Was diseasa or injury in any way related to occupation of deceasad?\$1.0

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Chronic interstitial nephritis IAM 4 1939	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

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item	shc	Jo.	1
RITE PLANTY, WITH UNFADING INK-THIS IS A PERMANENT REC. D. Every item of	tion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCI	1
RE		Exa	
RMANENT	XACTLY	classified.	
IS A PE	stated E	properly	ON is very important. See instructions on back of certificate.
HIS	be	pe	Jo
INK-T	E should	it it may	on back
ING	AG	tha	tions
UNFAD	pplied.	terms, s	instruc
H	y su	ain	See
WIT	llnje	ld u	int.
LY,	e care	ATH i	nporta
	d bl	DE	ry in
Id di	shou	OF	s vel
RITI	tion	USE	N. N.

nfor-state JPA-

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or_country)

18. BURIAL, CRAMATION, OR REMOVAL

17. INFORMANT (Addrass)

19. UNDERTAKER

20. FILED ...

(Address)

7. AGE

OCCUPATION

FATHER

MOTHER

CAUSE OF DEATH **FION** is very import

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	13263
1. PLACE OF DEATH County Willage or City Massers	OUTSELL .	Registration Dist. No. 2	7 <i>O</i>
Langth of rasidence in eity or town where death of	11'	death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a horpital or institution in a horpital or inst	nosds
(a) Residence: No. mass	(Usual place of abode)	St., Ward. If nonresident give city or town an	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Vend 1,0 0	INGLE, MARRIED, WIDOWED, R DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day)	., 193 7 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year)	y	1 HEREBY CERTIFY, That I attended 1937, to 2001	, 19.3.7.
7. AGE Yaars Months —	Deys If LESS than I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH end related causes of importanca were as follows:	Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		agut Sul 7 Head	5-25-27
9. Industry or business In which work was done, as SILK MILL, NAW MILL, BANK, etc. 10. Date deceased last worked at	aus p	Userio.	
this occupation (month and yaar)	11. Total tima (yaars) spent in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)		Clima mandeles	1935
13. NAME Johna Bus	neett.		
4 14. BIRTHPLACE (city or town) / // (Stata or country)		Neme of operation Dete of Was there are	

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of Injury

If so, specify

Where did injury occur?____

23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicida, or homicide? _______ Date of Injury ______ 19.

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way ralated to occupation of deceesed?___

(Specify city or town, county and State)

V. S. No. 1

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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

EdekD. Every item of infor-	PHYSICIANS should state	xact statement of OCCUPA-	\
S IS A PERMANENT R	stated EXACTLY.	properly classified. Ex	certificate.
-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

7	1	69	1	1	
1	0	4	U	.5	

1. PLACE OF DEATH	
County Somersot	Registration Dist. No. 260
Village or City Princess Anne	No. St Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
SII W.	ds. How long in U.S. if of loreign birth?yrsmosds.
2. FULL NAME Stephen Cing	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Fear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That i attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 25, 1868	Hast saw h and alive on Lac 7 1927; death is said
7. AGE Years Months Days II LESS than I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Were as follows: Date of onset
Industry or business in which work was done, as SILK MILL, Privale family SAW MILL, BANK, etc.	Spople+4 12/8/37
0 Do. Data deceased last worked et this occupation (month and 1931 spent in this 30 year)	
12. BIRTHPLACE (city or town) Trincess anne	Other Contributory Causes of importance:
(State or country)	Bulbar Paralysis 1935
13. NAME geaced Aling	
13. NAME Scaced Aling 14. BIRTHPLACE (city or town) Trinces Amore (State or country) Trinces	Name of operation Dete of Was there an autopsy?
	23. I1 death was due to external causes (VIOL ENCE) fill in also the Tollowing:
15. MAIDEN NAME Reak Pollars 16. BIRTHPLACE (city or town) Princess Anna (State or country)	Accident, suicide, or homicide? Date of injury 19
(State or country) - Top ary land	Where did injury occur?
17. INFORMANT Jacc 129 /ging (Address) ? runcess Amno min.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, COMATION OR REMOVAL Place Turn Data De 17, 1937	Menner of injury
19. UNDERTAKER James D. Denning (Address)	24. Was disease or injury In eny way related to occupation of decaased?
20. FILEO 17/11 , 1937 9 Sinch Registrar.	(Signed) Glace II aldoman M. O. (Address) Princess Ama TID
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

V. S. No. 1

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Example I	11	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
118				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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statement

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properly classified.

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ACSE OF DEATH

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

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80

5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE ot

6. DATE OF BIRTH (month, day, and year)

8. Treda, profassion, or particular

O. Date daceased last worked et this occupation (month and

14. BIRTHPLACE (city or town)_ (State or country)

16. BIRTHPLACE (city or town). (State or country)

18. BURIAL, CREMATION, OR REMOVAL

12. BIRTHPLACE (city or town) (Stata or country)

15. MAIDEN NAME

(Address)

13. NAME

17. INFORMANT

19. UNDERTAKER (Addrass)

kind of work done, es SPINNER.

SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc._____

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PIIYSICIANS

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Somerset County_ Crisfield Village or City Length of rasidenca in city or town whara death occurred. Jane Moore Drucilla 2. FULL NAME (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

11. Total time (yaars)
spent in this

Sterling

occupation

1856

1 day

or____min.

lidowed

Moore

Days

Crisfield

Rachel

Littleton Sterling

Crisfield

4. COLOR OR RACE

Months

9

13265

OTC	If U. S. Veteran, specify WAR
LARS	MEDICAL CERTIFICATE OF DEATH
, WIDOWED, rite the word)	21. DATE OF DEATHLE (Month) (Day) (Yaer)
EC	22. I HEREBY CERTIFY, That I attanded decaased from 1937, to Rec (1937, 1937, 1 last saw h ! alive on Le 5 193); death is sain
356	0.1
if LESS than day,hrs. min.	to have occurred on the date stated above, a land. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
îe	Chrone Myocodete
raars) ? this	Other Coatributory Causes of Importance:
ng	Name of operation Rom Date of
•	What test confirmed diagnosis? _ Claric en _ Wes thara an autopsy?
hman	23. If death was due to external causes (VIOLENCE) fill in also tha foliowing: Accident, suicide, or homicide?
th, 19 3	Manner of injury
Lvv. Registrar.	24. Wes disaase or injury in any way related to occupation of deceased? if so, specify (Signed) (Address) (Address)

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Example L		Example II		
The principal cause of death and related causes of importance were as follows: $\frac{1}{100}$	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

JRD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-UNFADING INK-THIS IS A PERMANENT REC RGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. 6: WRITE PLANLY, WITH

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13266
1. PLACE OF DEATH /	107.0
County Homersel OUTSIDE	CORPORATE LIMITS OF Registration Dist. No. 2/0
Village or City Custiced 17. F.D.	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?mssds,
~ Mr. Th d - Nal.	
2. FULL NAME MY WE ON SIGN	and the state of t
(a) Residence: No. (Usyd place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEP, Jay (Year)
5a. If married, widowad, or divorced HUSBAND of	
(or) WIFE of	1 HEREBY CERTIFY That I ettanded deceased from
6. DATE OF BIRTH (month, day, and year) Suno 7th 1937	I last saw h sal alive on Dete 7: 1932 death is fald
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 12 50 0, m,
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Were as follows:
SAWYER, BOOKKEEPER, atc.	Bronder- Dunnerua Mullum
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, atc	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data dacaased last worked et this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Crisfield	Other Contributory Causes of Importance:
(State or country)	The Secretary Secretary
13. NAME Arlie KVelson,	and infections
13. NAME Aprile Welson 14. BIRTHPLACE (city or town) Crisfield (State or country)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Cana Malhews 16. BIRTHPLACE (city or town) A PANA P. C. Aff	23. If death was due to external causas (VIOL ENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?
(State or country) Sometime (C.)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Address) Cristical Md.	Spacify whather Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place asbruy Cenelity Date Dec. 9th, 1937	Mannar of Injury
19. UNDERTAKER TALBUTAN TOUS. (Address)	24. Was disaasa or injury in any way related to occupation of deceased?
20. FILED tel 8, 1937 for le alles	(Signed) Clear Achivelle M. D. (Addrass) Aresered

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis IAM 4 1938	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
The second secon	April 1			
The state of the s				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	10201
1. PLACE OF DEATH	,	(81)	
County	merast	Registration Dist. No. 2	67
Village or CityADasa	nes Imanly	No. S death occurred in a hospital or institution, give its NAME instead of street	t.,Ward
Length of residence in city of lown wi		death occurred in a hospital of institution, give its IVAIVIE instead of street	
2. FULL NAME MAL	Gam Pobertx	Shorusu. S. Veteran, specify WAR	
(a) Residence: No.	uns durastr	St., Ward.	
PERSONAL AND STATI	(Usual place of abode)	If nonresident give city or tow	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
M. W.	OR DIVORCED (write the word)	(Month) (Dey)	, 193 / (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	B O. Sleve	22. I HEREBY/CERTIFY, That I att	ended deceased from
(d) wife of Spa /	Daky Duores	No ottered 18 are 19	, 19
6. DATE OF BIRTH (month, day, and year)	apr 12. 1864	I last sew h alive on 15	deeth is said
7. AGE Yeers Months	1 dey,hrs.	to heve occurred on the dete stated above, at	e
Trede, profession, or particular		were as follows:	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Capenter	Bullar Paralysis	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		f f f	
10. Date deceased last worked et this occupetion (month and	11. Totel time (years) spent in this	OCAMAL TEMPLANO	91
yeer)	occupation	Other Centributery Causes of importance:	
12. BfRTHPLACE (city or town) (State or country)	seals In ands	Defined Allegan	
13. NAME Polys	I Dhanes	The state of the s	100
14. BIRTHPLACE (city or town)	MA	Name of operation Del	le of
(State of country)		What test confirmed diegnosis? Wes the	re en eutopsy?
15. MAIDEN NAME A ALS	se snows	23. If deeth was due to external ceuses (VIOLENCE) fill in also the fo	
16. BIRTHPLACE (city or town) (Stete or country)	V.G.	Accident, suicide, or homicide? Dete of injury	
17. INFORMANT JAA (Address)	Shores	(Specify city or town, county a Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBI	nd State) LIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	assome De 8th 1937	Manner of Injury	
LHIN	ed	Nature of Injury 24. Was disease or injury In any wey related to occupetion of deceas	ed?
19, UNDERTAKER (Archiess)	Lew will	If so, specify	
20. FILED Dec 84, 193) W	bre W. S. Kelly	(Signed) O - 13 Mufast	Д M. D.
	Registrar.	(Address) A hasseff	

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
1/18 JAN 2 1 6. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
And the second s			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 N. B.

LURITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT REC. AD. Every Mem of infor-	pation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
LURITE PLANTY,	mation should be care	CAUSE OF DEATH i	TION is very importa

STATE OF MARYLAND	CERTIFICATE OF DEATH 13268
	Registration Dist. No
2. FULL NAME Ethel Shruus - (a) Residence: No. Cottoy Hours (by alphaee of abode)	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yéer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaar) for 24 1921 7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted above, at 2, 3, 2, 9m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
A. Hade, profession, or particular, or particular with a comparison of the compariso	Surknow (State of the Last of the Contributory Causes of importance No more politainable, cures.
12. BIRTHPLACE (city or town) Somusate (State or country) 13. NAME Somul Shueus 14. BIRTHPLACE (city or town) Maryland (State or country)	sidlery and dred short
14. BIRTHPLACE (city or town) Many Carry (Stata or country)	Neme of operation
15. MAIDEN NAME Leva Collins 16. BIRTHPLACE (city or town). Westower med. (Steta or country)	23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicida, or homicide?
(Address) Wistonia RFD#I 18. BURIAL, CREMATION, DR REMOVAL Place with hopel Data Del 6 1937	Menner of injury
19. UNDERTAKER Chas H Marion 3/19	24. Wes diseesa or Injury in any way ralated to occupation of deceased?
20. FILED 1 27 7 1937 Junelia 10 Jawson	(Signed) M. D.

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Example I			Example II		
The principal cause of importance were as	f death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1811 9 3039	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	L GILFAILY, S.	July 5,1927	Peritonitis	3 days ago	
		-3			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	9820
County Somerset	Registration Dist. No. 263
Village or City Mt Vernon (If	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Esham Spence	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED Gurile the word) Male Colored Colored Colored	21. DATE OF DEATH Des 26 %, 1937 (Cear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lovey. Spence	Dec. 3 1937, to dec. 2 3 1937. HEREBY CERTIFY, That I attended deceased from 1937, to dec. 2 3 1937.
6. DATE OF BIRTH (month, day, end yaar) 7. AGE Yaars Months Days If LESS than	to have occurred on the data statad above, at 9 . OVA m.
66 3 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spent in this spe	
work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) year 11. Total tima (years) foccupation foccupation.	Myocardistis 10/90/37
12. BIRTHPLACE (city or town) Mt Vernon (State or country) any lond.	Other Codsibutory Causes of Importance:
13. NAME Jahn Spende.	
13. NAME John Stende. 14. BIRTHPLACE (city or town) Mt Vernon (Stafe or country)	Name of operation Date of
15. MAIDEN NAME	23. If daath was due to axternal causes (VIOLENCE) fill in also that following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) L. Mary Company (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Dealy Smith (Address) Int 7th ermon ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place My Version Date Dec 27, 19.37	Mannar of injury
19. UNDERTAKER Jale I ashiell. (Addrass) Princess anne mod	24. Was disease or injury in any way related to occupation of decaased?
20. FILED DOR, 27, 1937. Stephen. O. Hope Bi-	(Signad) Oldore of Pares man M. D. (Address) Princeso Pune Topo.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	47	Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HI JAH & ISSUE	5. 1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Action should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-ARD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE FOR BINDING TION is very important. See instructions on back of certificate. YARGIN RESERVED B. VRITE PLA

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Homersel	REPORATE LIMITS OF Registration Dist. No. 163
Village or City Crissield,	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Nancy H. Sterlin	
1 100	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale History 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LOC. 15-4h, 193 4 (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Noah Y. Aterling	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 19 1844	I last saw here alive on Semente 7 , 1937; death is said
7. AGE Years Months Days I LESS than	to have occurred on the date stated above, at 145 C-m.
90 4 26 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, es SPINNER, Couseheefeld SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupetion (month and year) 12. BIRTHPLACE (city or town)	Constitution of Fall
(State or country) Somewall Co, Mai	
13. NAME James Jawes	
14. BIRTHPLACE (CHY or town) Mod	Name of operation Date of
(State of Country)	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address)	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide? Whara did injury occur? Ospecily city by Iowa, county and Stale) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place astrony Comments Date Dec. 17, 1937	Manner of injury Parsery - Stare - head when She Jell
19. UNDERTAKER & Lawront (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED De 1 1/6 , 1937 & E la all Registrar.	(Signed) M. D. (Address) Cristall Mad
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods County Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Jo RECORD. Every PHYSICIANS How long in U.S. if of foreign birth?____ statement If U. S. Veteran, specify WAR (a) Residence: No. If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIOOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) classified. 5a. If married, widowed, or divorced HUSBANO of HEREBY CERTIFY. That I ettended deceased from (or) WIFE of 0 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Davs If LESS than to heve occurred on the date stated above, at. 1 day.____hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or min. Date of enset 8. Trade, profession, or particular OCCUPATION, kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.... jo back Industry or business in which may pluods work was done, es SiLK MiLL, SAW MILL, BANK, etc. 10. Oate deceesed last worked et on 11. Total time (years) this occupation (month end spent In this that occupation _____ instructions 12. BIRTHPLACE (city or town (State or country) supplied plain terms, FATHER 14. BIRTHPLACE (city or town) Name of operation. (Stete or country) What test confirmed diegnosis? carefully Was there an autopsy?_. MOTHER important. 15. MAIDEN NAME ii. 23. If deeth was due to externel causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?_____ 16, BIRTHPLACE (city or town) (Stete or country) Where did injury occur?__ DEA (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. plnods OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of injury AUSE 24. Was disease or injury in eny wey related to occupation of deceased? 19. UNOERTAKER _((Address) If so, specify

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(Address)

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PHYSICIANS should state AD. Every item of infor-

TION is very important. See instructions on back of certificate.

SAUSE OF DEATH in plain terms, so that it may be

N. B.

1	. PLACE OF		F MAR	YLAND-	CERTIFICATE OF DEATH	3272
			***	A	92-01	
	1.0	omerset	WITH	IN-CORPO	RATE LIMITE OF Registration Dist. No. 2	65-
	Village or Ci	,		(1)	death occurred in a hospital or institution, give its NAME instead of street and	Ward
	Length of resid	dence in city or town where d	aath occurred	yrs,mos	sds. How long In U.S. if of foreign birth?yrsme	sds.
2	. FULL NA		Sutton		If U. S. Veteran, specify WAR	
	(a) Resident	ce: No. Broad	Street		St., Ward.	
_			(Usual place o		If nonresident give city or town and	State
-	PERSON	AL AND STATISTI			MEDICAL CERTIFICATE OF DEATH	
3, 3	M	4. COLOR OR RACE	5. SINGLE, MARE OR DIVORCED MATTI	(write the word)	21. DATE OF DEATH	, 193 7
5e.	If married, widowe				(month)	(Teal)
	(or) WIFE of	Ca	roline	Ward Sut		
		2	? ah	011 100F		, 19.3.7.
7. /		month, day, end year)	Deys	out 1893	- IV rolling the	; death is seid
1. /	About 4		Deys	I day,hrs.	to have occurred on the date stated ebove, et / 1/1 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
			1 .	ormin.	were es follows:	Date of onset
NO	kind of w	profession, or particular of work doma, as SPINNER, YYER, BODKKEFPER, etcLaborer			mitral Stensois	
ATI	Industry or b	business in which			minus prenosiz	ver
D.	Andustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		Lime Plant			1937
OCCUPATION	10. Data deceasa this occup year)	d last worked et petion (month and 7 93	6 11. Total tir	ne (years) t in this pation		
12.	BIRTHPLACE (city	yor town) Golds: htry) North	bouroug 1 Caroli	1	Other Contributory Causes of Importance:	
ER	13. NAME	John S	Sutton			
FATHER	14 DIDTUDI AGE	Snow	A		the state of the s	
FA	14. BIRTHPLACE (Stete or	(city or town)	A	ina	Neme of operation Date of	
2	15. MAIDEN NAM	ME Jul:			What test confirmed diagnosis? Was there an a	
MOTHER		Cw	ow Hill		23. If death was due to externel causes (VIOLENCE) fill in also the following:	
S W	16. BIRTHPLACE (Stata or	(city of town)		rolina	Accident, suicide, or homicide? Date of Injury	, 19
	121517 21			O.L.II.E	Where did injury occur? (Specify city or town, county and State	2)
17.	(Address)	John		-1- PT C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18.		ION, OR REMOVAL	shourou	zh N C	Manage of intum.	
	Pleca Lay		DateDo	c 9 19 3.7	Manner of injury	
19.	UNDERTAKER (Address)	om aln	odst	in	24. Was disease or injury in eny wey related to occupation of deceased?	-0-
20.	FILED TIC	6 1937/6	E lea	elins	If so, specify (Signed) & E le alling	M. D.

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WRITE PL

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	13273
1. PLACE OF DEATH	Λ	(52)	
County Domes	of WITHIN	CORPORATE LIMIT Registration Dist. No. 2	65-
Village or City Cristical	1 Md.	No.	Ward
Length of residence in city or town where deeth or	coursed whole lifetimes	Leath occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?yrsyrs	d number) .mosds.
2. FULL NAME Margan	w the	If U. S. Veteran, specify WAR	
(a) Residence: No. S. Son	result aux	St., Ward.	
	Usual place of abode)	If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SI OF	NGLE, MARRIED, WIDOWED, DVORCED (write the word)	21. DATE OF DEATH Dee 3 wh	, 193 <u>/</u> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Wesley	Yauren!	22. I HEREBY CERTIFY, That I attended	
10	and ichie	1937 to Dec 3	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at P. D. m.	/; death is seld
90	f dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
8. Trede, profession, or particular	Pa /	were as follows:	Date of onset
kind of work done, es SPINNER, NOW.	esepter	Chronic mocardite	244140
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	/	asteriocleusia	7
10. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Causes of Importance:	150000
(State or country)			7
13. NAME John Co	()		
13. NAME JOHN TOO	1	Neme of operation Date of	
(State of country)		Whet test confirmed diagnosis?	n eutopsy? 10
15. MAIDEN NAME Halles HA	everson	23. If death was due to externel causes (VIOLENCE) fill in elso the follow	ing:
f6. BIRTHPLACE (city or town)	41	Accident, suicide, or homicide? Date of injury	, f9
f7. INFORMANT AD B	weo,	Where did injury occur? (Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
(Address)	risfield, Md.		
18. BURIAL, CREMATION, OR REMOVAL Place Clobusy Cercefore Dat	Dec 5-9 1937	Manner of Injury	
0088		Nature of injury	
19. UNDERTAKER (Address)	geon.	24. Was disease or Injury In any way related to occupation of deceased?	
1	S Page 1	(Signed) Sarah Lu. Payten	M. D
20. FILED & GE 17, 193]	Registrar.	(Address) Cris Field, rul	

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Chronic interstituti nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		27 Peritonitis	3 days ago	
1 Division				
Other contributory causes of importan	ce:	Other contributory causes of importance:		
Gallstones	May 1,18	23 Gastroenteritis	1 year	

should state

of OCCUPA.

AD. Every item of infor-

1	11	6)	7	4
1	2)	4	1	4

1. PLACE OF DEATH	920		
County Somerset	Registration Dist. No. 266		
Village or City Poelds 19000	No. St., Ward		
Length of residence in city or town where death occurredyrsmo	If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.		
2. FULL NAME Salling Jucker	If U. S. Veteran, specify WAR		
(a) Residence: No. Poebs Poob (Usual place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)		
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of doseph 1 cecidor 6. DATE OF RIRTH (month day and year) 1878	22. I HEREBY CERTIFY. That I attended decased from 1987 to 1987 1987		
7. AGE Years Months Days If LESS than 1 day,hrs	were se follows:		
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL SAW MILL, BANK, etc. 10. Data dacased last worked at this occupation, month and year) 11. Votal tima (years) 12. Saw Mill of the same of the same occupation occupation.	Mys carello 1935		
12. BIRTHPLACE (city or town) - of covidance (State or country)	Other Contributory Causes of Importance:		
13. NAME Cn Hon - w 14. BIRTHPLACE (city or town). Cn Hon - w (Stata or country)	Nama of operation		
15. MAIDEN NAME 15. BIRTHPLACE (city or town) Canther or country)	What tast confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Data of injury 19 19 19 19 19 19 19 19 19 19 19 19 19		
17. INFORMANT (D: G. Clausy (Addrass) Princes Anne, 91 Bor 65	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
Place Thursday Market 1 Z= 1 %, 19 5 2	Manner of injury		
19. UNDERTAKER William it may 10 Dom (Address) Prince have	24. Was disaase or injury in any way related to occupation of dacaased?		
20. FILED Dec. 18, 1937 J. Juith.	(Signed) Dane of alloman M.D. (Addrass) Princesod Cheme of		
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A STATE OF THE STA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	2		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FARGIN RESERVED FOR BINDING

4 4 4	3	IVIT
infor stat UPA	1. PLACE OF DEA	ГН
of id	County Son	orse
tem of should of	Village or City	Cr
item		
Every CIANS ement	Length of residence In ci	
E. E. E. C. L. C.	2. FULL NAME	Nes
AD. Every item of infor- PHYSICIANS should state ct statement of OCCUPA.	(a) Residence: No	1/69
	PERSONAL AN	D STAT
RE Exa		R OR RAC
Y I I	M	Col
FOR BINDING IS A PERMANENT RE stated EXACTLY. properly classified. Exa	5a. If married, widowed, or divo HUSBAND of (or) WIFE of	rced
IN]		
BPE PE	6. DATE OF BIRTH (month, day 7. AGE Years	(, and yeer)
FOR Bl IS A PE stated E properly certificate	63	9
RGIN RESERVED FO NFADING INK—THIS IS oplied. AGE should be streems, so that it may be pro- instructions on back of cer-	8. Trede, profession, or pakind of work done, SAWYER, BOOKKEE 9. Industry or business in work was done, as SAW MILL, BANK, 6 10. Date deceased lest wor this occupation (more year)	which SILK MILL, etc ked_at nth and C
DING DING So th	12. BIRTHPLACE (city or town) (State or country)	Nea
GII 'AD ed. s, s		L
CNFADIN Supplied. An terms, so ee instruction	13. NAME 14. BIRTHPLACE (city or to	£
sul sul	(State or country)	wn)
WI WI	15. MAIDEN NAME	
E PLATY, WITH CNFA. should be carefully supplied. OF DEATH in plain terms, s very important. See instru	15. MAIDEN NAME 16. BIRTHPLACE (city or to (State or country)	wn)
puld b	17. INFORMANT (Address)	C
(T) 02 (O)	18. BURIAL, CREMATION, OR F	
VRITE mation s CAUSE TION is	Place Lawsoni	
LICATE	19. UNDERTAKER JOI	
S. No.		risfi
N Z	20. FILEDILE 29	1937 -

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[75]
County Somerset William Con	Registration Dist. No. 263
Village or City Crisfield	No. TELIMITS DEEC St St., Ward
	f death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Thomas Whittinton	If U. S. Veteran, specify WAR
(a) Residence: No. Near Potomac St	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH TOWN 26 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Whittington	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) March ? 1874	I last saw have alive on DEC 24 19.31; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at Parallel A. T. C. T.
- 1 8. Trede, profession, or particular	Date of onset
kind of work done, as SPINNER, Oyster Opener SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10 Date deceased lest worked at this occupation (month addless) Second in this	
J. Industry or business in which work was done, as SILK MILL, Oyster House SAW MILL, BANK, etc.	Thereated Septo 5.66
SAW MILL, BANK, etc	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
O Date deceased lest worked at this occupation (month and c 1937) spent in this 40 year)	due lo vlour ou 135
Near Marion Station	Wher Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country) Maryland	hear will some of the
1 2 2 2 11/2 2 1 1 1	sharp were to
Hoon Manion Static	The sometimes of the second
[14. BIRTHPLACE (city or town) West Maryland	11. 1
	What test confirmed diagnosis!
Fairrount	23. If death was due to external causes (VIDLENCE) fill In also the inflowing: Accident, suicide, or hamicide?
O 16. BIRTHPLACE (city or town)	10
	Where did injury ocur? (Specify city or town, county and State)
17.INFORMANT Crisfield Md	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannezof injury it ou readwith piece to
Place Lawsonia cem Date Dec 29,1937	Netwo of operacing the Small Bornette Coules
19. UNDERTAKER John A Bradshaw	24. Was disease or injury in any way related to occupation of deceesad
(Address) Crisfield Md	It so, Berly air Hymorrhage o
20, FILEDIDE 39 1937 le E. Collins	(Signed) M. D. M. D.
Registrar.	(Address) Lrus D. F. O. L. N. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

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IAN 4 1938			
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Gallstones	May 1,1923	Gastroenteritis	1 year

N	YAMUTIONAL SPACE	FOR FURTHER S	TATEMENTS BY PH	IYSICIAN D.	0 0 3	LIR
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DEC 26-	1937 - 200l	Blowdy	me limit	te-Lagra	ted Scalt	2 0 3
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Harthe	unliga yer	the blood	ou itre	SAL LL	se + fro in	7-1
South se	potteled of	ad Earle	morine	- pooloolo	en-The	
A. Charles	was hald 81	M11.121.0	177 800 7 7	1/0:	7 . 1 · la 7	bate
	mach of	120	10/	2000	may rais ~ 1	

MARGIN RESERVED FOR BINDING

1. PLAC	E OF DEAT		1411-417	ILAND		OD W	OF DEATH
			A TOTAL		and Const	(N.C.)	Desire street by the
		Crisfiel	d.			0.	Registration Dist. No.
	o or only			(If	death occurred	in a hospital or insti	tution, give its NAME instead of
Length				yrs mos	ds.	How long In U.S. if	of foreign birth?yrs
2. FULL	NAME	Mary Whi		on		If U. S. Veterar	n, specify WAR
(a) R	esidence: No		9th (Usual place	of abode)	St.,	Ward.	If nonresident give eity or
PER	SONAL AND	STATISTIC	AL PARTI	CULARS		MEDICAL	CERTIFICATE OF DE
3. SEX		OR RACE 5.		RIED, WIDOWED, D (write the word) Led	21. DATE	E OF DEATH	/2 / [Month) (Day)
5a. If married HUSBAN (or) WIF			Whit	tington	22.		Y CERTIFY, Thet I
6 DATE OF I	IRTH (month, day,	and year)	? ?	1874			12-14
7. AGE	Years	Months	Oays	If LESS than			ated above, at 900 Pm.
63		?	?	l day,hrs.	The PRINCI		ATH and related causes of Import
O ki	, profession, or par nd of work done, a WYER, BOOKKEEP try or business in ork was done, as S1	s SPINNER, OX	ster d	pener	Ou.	ebrol+	Lemorthag
	AW MILL, BANK, et deceased last work is occupation (mont ar)	C	11. Total t	ime (yaars) 27 nt in this 27			
	CE (city or town)	Accom Virgi				ributory Causes of im	
13. NAMI		R Hinmar		inton			
. 1	IPLACE (city or tow itete or country)	Accom Virgi					Was
15. MAIO	EN NAME	Celi			23. If deeth w	was due to external o	causes (VIOLENCE) fill in also th
	HPLACE (city or tow State or country)	(II)	omac rginia	1		uicide, or homicide? njury occur?	Date of Inju
17. INFORMAI	(T	Thomas Cri	Whitt:		Specify whe	ether Injury occurred	(Specify city or town, country in INDUSTRY, In HOME, or In F
18. BURIAL, O		a cem.		c 18 ₁₉ 37	7		
19. UNDERTA	John A	A Bradsha			24. Was dise		way related to occupation of dec

John A Bradshaw
19. UNDERTAKER: Crisfield Md

20. FILEO DE 17, 1937

No		or institution, give its I	NAME instead of	bas toosts	
ath occurre	ed in a hospital	or motitution, give no	· · · · · · · · · · · · · · · · · · ·	street and	number)
gds.	How long In	U.S. if of foreign birt	h?yrs	m	10sds.
	If U. S. V	eteran, specify WA	AR		
		,,			
5L,	Ward.	If nonre	sident give eity or	town and	d State
	MEDIC	AL CERTIFIC	ATE OF DE	FATH	
H DAT	E OF DE		X12 01 D	-/	
a. DAI	E OF DE		14		102 💆
		(Month)	(Day)		_, 193 7 (Year)
22.		EBYCERT			
		, 1837, 1			
I lest saw	blue aliv	e on 12-14	7	., 19.3.7	_; death is seid
to have oc	courred on the d	late stated ebove, at	7.00 Pm.		
The PRIN		OF DEATH and relate	d causes of Import	tence	
		0 11	118		Date of onset
U.	لىلىدىلىك	2. Hemo	rmag	6	12-14-
			9		
Other Cor	ntribútory Canae				
		s of importance:			1400
					1 year or
		s of importance:			1. year of
H	pusta	of importance:			
Name of c	peration	of importance:		Date of	-
Name of c	peration	of importance:		Date of	-
Name of c	operation	of importance:	Was	Date of	eutopsy?
Name of c	operation confirmed diag	nosis?	Was	Date of there en	eutopsy?
Name of c What test 23. If deeth Accident,	operation confirmed diagon was due to ext	nosis?	Was	Date of there en	eutopsy?
Name of c What test 23. If deeth Accident,	operation confirmed diagon was due to extra suicide, or hom	nosis?	Was NCE) fill in also th	Date ofthere en	eutopsy?
Name of c What test 23. If deeth Accident,	operation confirmed diagon was due to extra suicide, or hom	nosis?	Was NCE) fill in also th	Date ofthere en	eutopsy?
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Name of c What test 23. If deeth Accident, Where did Specify w	operation confirmed diagon was due to extra suicide, or hom	nosis? lernal causes (VIOL Elicide?	Was NCE) fill in also th	Date ofthere en	eutopsy?
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Name of o What test 23. If deeth Accident, Where did Specify w	operation	nosis?ernal causes (VIOLEI icide?	Was NCE) fill in also th Date of inju city or town, coun , in HOME, or in P	Date of there en e followin	eutopsy?
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Name of c What test 23. If deeth Accident, Where did Specify w Manner of Nature of 24. Was did	operation confirmed diagon was due to ext suicide, or hom dinjury occur?_ thether injury oc f injury sease or injury	nosis?ernal causes (VIOLEI icide?	Was NCE) fill in also th Date of inju city or town, coun In HOME, or in P	Date of there en e followin iry ty and Sta UBLIC Pl	eutopsy?

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BAIGEAU V. S.			
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

witer	100		
	,	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor-	UPA	1. PLACE OF DEATH	210-70
	7	County Donerse	Registration Dist. No. 260
item of	9	Village or City Ruse Cour	No. St Ward
·=	10	(Ir	death occurred in a hospital or institution, give its NAME instead of street and number)
Every	l en	- 1. 11701.	ds. How long in U.S. if of foreign birth?mosds.
M E	statement	2. FULL NAME CHIPA W	If U. S. Veteran, specify WAR
CORD, Every	sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
D H	ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RE	Exact	S-SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
T Z Z		Male Colored OR DIVORCED (write tha word)	(Month) (Day) (Year)
BINDING		5a. If married, widowed, or divorced HUSBAND of	
IQ Y	assi	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
SIN ERA		6. DATE OF BIRTH (month, day, and year) Nottee	Flast saw h. alive on 19 ; death is said
print.	erly	7. ACE Years Months Days If LESS than	to have occurred on the date stated abova, at
FOR IS A	properly certificate	Croup SY 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were actollows:
- 70		8. Trada, profession, or particular kind of work dona, as SPINNER.	The transfer of the state of th
RESERVED G INK_THIS		Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1/cachina Phull
ERV KK—T	may	9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SE	it ii	10. Date deceased last worked at this occupation (month and spent in this	
RE G I		year) occupation	Other Contributory Causes of importance:
	so t ctio	12. BIRTHPLACE (city or town)	one of the contract of the con
RGIN VFADIN		(Stata or country)	
RGI	7 0	13. NAME 14. BIRTHPLACE (city or town) (State or country)	
The State of the S		14. BIRTHPLACE (city or town) 27 7 Reserve	Name of operation
WITH	[L		What test confirmed diagnosis? Was there an autopsy. 1.5
, H	, H [8	E C	23. If death was due to external cases (VIOLENGE) fill in also the following: Accident, suicide, or homicide: C. C. Accident, suicide, or homicide: 1. C. Accident, suicide, su
LY	EATH import	State or country)	Whare did injury occur? /2 mule Dowil of J. au
TOE !	DEATH y import	17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA PLA	OF D	(Address)	Cablic highway phoch by car
-	(E) .=	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
		Place Colon Date C - L - 1937	Nature of injury Aschured Pur
-(4)	CAUS	19. UNDERTAKER WILLIAM JAMES & SOM	24. Was disease or injury in any way related to occupation of deceased?
ž A		(Address) Millians Variation	If so, specify
S Z		20. FILED 17 28 , 193/ Janeth Registrar.	(Signed) M.D. (Address) M.D.
10-11		Acgustar.	N. Chala Cara Palina Page 4 51 C M

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